

INSTRUCTIONS FOR COMPLETING FORM PH-3302

This form is for laboratories to report the results of confirmed HIV test results, CD4 results less than 200 or 14%, and viral load results. Laboratories can also use their own forms to report these results as long as they report all the required information. These reports should be mailed to: HIV/AIDS Surveillance Coordinator, Tennessee Department of Health, STD/HIV Program, Cordell Hull Building, 4th Floor, 426 5th Avenue North, Nashville, Tennessee 37247-4911.

The form can also be used by health care providers providing prenatal care to pregnant women to report the number of women tested for HIV each month and the individuals testing HIV positive in accordance with T.C.A. 68-5-704 (a). These reports should be made to the Regional HIV/AIDS Surveillance Coordinator in your area. Call you regional state health department office or the central office of the state health department in Nashville at 615-532-8495 to find out the individual to whom you should send these reports.



REPORT OF POSITIVE TESTS FOR HIV
TENNESSEE DEPARTMENT OF HEALTH

Name of Laboratory/Physician _____

Mailing Address (Street/P.O. Box) _____

City/State _____ , _____

Zip _____

INSTRUCTIONS

Print or type information for each positive test performed during the report week and enclose in an opaque envelope marked “**CONFIDENTIAL**” and “**TO BE OPENED BY ADDRESSEE ONLY.**”

Mail to:

Total number of serologic tests for HIV performed this report week _____

Date of Specimen	Patient's Name/Address	Age or Date of Birth	ELISA #1	ELISA #2	WESTERN BLOT	Other (specify)	Physician's Name/ Address

[illegible]